

# CORRECTED COPY

## NON-PROFIT PROGRAMS

### REPORT AND CLAIM FOR REIMBURSEMENT

(Due by the 30<sup>th</sup> of the Month)

#### Child and Adult Care Food Program

KDE USE ONLY	
Audit _____	Review _____
TA _____	*Other _____
*Description _____	

Sponsor Name: _____  Sponsor Address: _____  Sponsor Number: _____  Read instructions on reverse carefully before completing form.	Claim Period (2) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> (month) (year) Average Daily Attendance (3) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	No. Sites Serving At-Risk After-School Snacks (4) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> No. Sites (6) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	No. Days At-Risk Snacks Were Served in Mo. (5) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> No. of Days Food Served (7) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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No. Approved for Free Meals (8) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	+	No. Approved for Reduced Price Meals (9) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	+	No. Approved for Paid Meals (10) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	=	Total Membership for Month (11) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
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Food Service by Type to Participants Only (Total Number of Meals Served)	Food Service by Type to Adults Only (Total Number of Meals Served)
	<div style="width: 45%; text-align: center;">Adults Working in Program</div> <div style="width: 45%; text-align: center;">All Other Adults</div>
(12) Breakfast <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(19) Breakfast <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(13) AM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(20) AM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(14) Lunch <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(21) Lunch <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(15) PM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(22) PM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(16) Supper <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(23) Supper <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(17) LN Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(24) LN Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(18) TOTAL <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(25) TOTAL <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(26) Breakfast <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	(26) Breakfast <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(27) AM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(28) Lunch <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(29) PM Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(30) Supper <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(31) LN Snack <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	(32) TOTAL <div style="border: 1px solid black; width: 60px; height: 20px;"></div>

(33) At-Risk After-School Snacks	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
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Income to Food Program Funds Received During Month (Round to nearest dollar. DO NOT USE CENTS.)
(34) Other monies from State and local sources (not CACFP reimbursement) used to pay food program costs. .... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>

Program Operating Costs (Round to nearest dollar, DO NOT USE CENTS)
(35) Cost of food used during month..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(36) Program Labor (wages for days worked during month)..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(37) Cost of non-food supplies and EXPENDABLE kitchen equipment..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(38) Purchased Services..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(39) Program Administrative Costs..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
(40) TOTAL..... <div style="border: 1px solid black; width: 60px; height: 20px;"></div>

I certify that the information on this voucher is true and correct to the best of my knowledge, that records are available to support this voucher; that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

ORIGINAL Signature of Sponsor Representative	Title	Date	Phone Number of Person Preparing Claim
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## NON-PROFIT PROGRAMS

### Instructions For Completing Corrected Report and Claim For Reimbursement

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim **will be returned for correction** if not properly completed. Ensure that you round all amounts to the nearest dollar and that the **claim is signed**. Items (1), (2), signature, title, date and phone number **must** be completed. Enter only the information you wish changed from the original claim submitted.

Corrected claims completed before the 15<sup>th</sup> of the month should be corrected online (<https://cdcbps.ky.gov/NHS-Main/>). Corrected claims completed after the 15<sup>th</sup> of the month should be faxed (502/564-8919) to the State Agency by the 30<sup>th</sup> of the month and **must** be accompanied with a Corrective Action Plan (<http://nhs.ky.gov/cacfp.htm>).

### INDIVIDUAL ITEM INSTRUCTIONS:

- Item (1) Print sponsor name, address and 9-digit sponsor number.
- Item (2) Enter two digits for month and four digits for year for which claim is applicable.
- Item (3) Record average daily attendance for each site for each day, total attendance for all sites at the end of the month and divide by number of days food was served during month.
- Item (4) Enter number of sites serving at-risk after-school snacks during the month.
- Item (5) Enter number of days an at-risk snack was served during the month.
- Item (6) Enter total number of sites operating during the month.
- Item (7) Enter total number of days food service was provided during the month.
- Item (8) Enter license capacity.
- Item (9) Enter number of enrolled participants classified in FREE category according to family-size income information.
- Item (10) Enter number of enrolled participants classified in REDUCED category according to family-size income information.
- Item (11) Enter number of enrolled participants classified in PAID category according to family-size income information.
- Item (12) Enter total current monthly membership. This number must equal the total of Items (8), (9) and (10).

### FOOD SERVICE BY TYPE TO PARTICIPANTS ONLY:

- Item (12) Enter total number of Breakfasts served to participants during the month if these meals meet USDA requirements.
- Item (13) Enter total number of AM Snacks served to participants during the month if these meals meet USDA requirements.
- Item (14) Enter total number of Lunches served to participants during the month if these meals meet USDA requirements.
- Item (15) Enter total number of PM Snacks served to participants during the month if these meals meet USDA requirements.
- Item (16) Enter total number of Suppers served to participants during the month if these meals meet USDA requirements.

- Item (17) Enter total number of LN Snacks served to participants during the month if these meals meet USDA requirements.
- Item (18) Enter total of items (12), (13), (14), (15), (16) and (17).

**FOOD SERVICE BY TYPE TO ADULTS ONLY:**

- Item (19) Enter total number of Breakfasts for the month served to adults who performed necessary labor in support of the Program.\*
- Item (20) Enter total number of AM Snacks for the month served to adults who performed necessary labor in support of the Program.\*
- Item (21) Enter total number of Lunches for the month served to adults who performed necessary labor in support of the Program.\*
- Item (22) Enter total number of PM Snacks for the month served to adults who performed necessary labor in support of the Program.\*
- Item (23) Enter total number of Suppers for the month served to adults who performed necessary labor in support of the Program.\*
- Item (24) Enter total number of LN Snacks for the month served to adults who performed necessary labor in support of the Program.\*
- Item (25) Enter total of items (19), (20), (21), (22), (23) and (24).
- Item (26) Enter total number of Breakfasts for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (27) Enter total number of AM Snacks for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (28) Enter total number of Lunches for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (29) Enter total number of PM Snacks for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (30) Enter total number of Suppers for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (31) Enter total number of LN Snacks for the month served to adults who did NOT perform any necessary labor to support the Program.\*\*
- Item (32) Enter total of items (26), (27), (28), (29), (30) and (31).
- Item (33) Enter the number of at-risk after school snacks served to participants during the month if these meals meet USDA requirements.

**INCOME TO FOOD PROGRAM:**

- Item (34) Enter any monies received this month from “program adults”, federal, state or local sources designated to pay food program costs. Do not report USDA reimbursement or monies received from “other adult” meals.

**PROGRAM OPERATING COSTS:**

- Item (35) Enter the cost of food and milk used during the month.
- Item (36) Enter the amount of wages and fringe benefits paid or accrued for Program Labor by the sponsor. Include menu planning, preparing, serving, and cleanup of food, on-site record keeping (Form 17-9), and supervision.

- Item (37) Enter the total dollar value of non-food supplies (napkins, straws, etc.) used during the month. Include food service equipment costing less than \$300.
- Item (38) Enter total cost for repairs of food service equipment, utilities clearly related to food service, and total costs for the rental of food service facilities and equipment.
- Item (39) Enter all administrative costs paid or accrued during the month by the sponsor. Include costs related to record keeping, planning, organizing, and supervising Program activities.
- Item (40) Enter total of Items (29), (30), (31), (32) and (33).

\*This labor includes menu planning, preparing, serving, cleanup, supervision of children during meals, and on-site record keeping.

\*\*For items (22), (23), (24) and (25), the computer will multiply the number of meals of each type by the rate of reimbursement for free meals and will deduct this amount from the total operating cost as shown in Item 34. Your charges to the non-program adults should equal or exceed this amount.